



WORKPLACE SAFETY AND HEALTH IN KANSAS

*From The
National Institute for Occupational Safety and Health*



State Profile 2002

*Delivering on the Nation's promise:
Safety and health at work for all people through prevention.*

The National Institute for Occupational Safety and Health

NIOSH is the primary federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. NIOSH is located in the Department of Health and Human Services in the Centers for Disease Control and Prevention. The NIOSH mission is to provide national and world leadership to prevent work-related illness, injury, disability, and death by gathering information, conducting scientific research, and translating the knowledge gained into products and services. As part of its mission, NIOSH supports programs in every state to improve the health and safety of workers. NIOSH has developed this document to highlight recent NIOSH programs important to workers and employers in Kansas.

The Burden of Occupational Illness and Injury in Kansas

- In Kansas, there are approximately 1.4 million individuals employed in the workforce.¹
- In 2000, 85 workers died as a result of workplace injuries.²
- The agriculture, forestry, and fishing industry had the highest number of fatalities, followed second by retail trade, and third by transportation and public utilities.²
- In 1999, the most recent year for which data are available, the rate of fatal workplace injuries was 5.7 deaths per 100,000 workers—above the national average rate of 4.5 deaths per 100,000 workers.²
- In 2000, there were 70,000 nonfatal workplace injuries and illnesses in Kansas.³

The Cost of Occupational Injury and Illness in Kansas

In 2000, the most recent year for which data are available, a total of \$341.5 million was paid for workers' compensation claims by Kansas private insurers and self-insured employers.⁴ This figure does not include workers who are employed by the federal government and also underestimates the total financial burden for private sector businesses, since only a fraction of health care costs and earnings lost through work injuries and illnesses is covered by workers' compensation. Chronic occupational illnesses like cancer are substantially under-reported in workers' compensation systems because work-relatedness is often difficult to establish.

How NIOSH Prevents Worker Injuries and Diseases in Kansas

Health Hazard Evaluations (HHEs) and Technical Assistance

NIOSH evaluates workplace hazards and recommends solutions when requested by employers, workers, or state or federal agencies. Since 1993, NIOSH has responded to 14 requests for HHEs in Kansas in a variety of industrial settings, including the following example:

Topeka, Kansas: Evaluating Indoor Environmental Quality (IEQ) at an Office Building

In 2000, NIOSH received a confidential request to conduct an HHE at a telephone company's office building in Topeka, Kansas. The request expressed concern that symptoms such as burning eyes, sore throats, chronic sinusitis, chronic bronchitis, fatigue, and rare rashes were related to IEQ at the building. In addition to providing management references on sampling methods, NIOSH investigators provided the following recommendations: assess the current heating, ventilating, and air conditioning system to assure it is operating according to the original design specifications; inspect the ventilation system to assure that moisture is not leaking into or being trapped in the system, creating conditions that cause bacterial and fungal growth; establish and maintain an effective communication system between management and employees; and improve routine housekeeping procedures.

Fatality Assessment and Control Evaluation (FACE) Investigations

NIOSH developed the FACE program to identify work situations with a high risk of fatality and to formulate and disseminate prevention strategies. The following FACE investigation was conducted in Kansas:

Kansas: Roofer Helper Falls from Roof to Concrete Basement Way

In 1998, a 15-year-old male roofer helper died after falling 16.5 feet from a roof to a concrete basement way while trying to prevent a bundle of shingles from sliding off the roof's edge. The victim and a 16-year-old co-worker were removing the shingles from the roof of the private residence of their employer. NIOSH investigators concluded that, in order to prevent similar occurrences, employers should: know and comply with child labor laws prohibiting work by youth less than 18 years of age in occupations declared particularly hazardous by the U.S. Secretary of Labor; ensure that appropriate fall protection equipment is available and correctly used while working where there is danger of falling; develop, implement, and enforce a comprehensive written safety program that includes provisions for training workers in hazard identification, avoidance, and abatement; and conduct scheduled and unscheduled workplace safety inspections.

Fire Fighter Fatality Investigation and Prevention Program

The purpose of the NIOSH Fire Fighter Fatality Investigation and Prevention Program is to determine factors that cause or contribute to fire fighter deaths suffered in the line of duty. NIOSH uses data from these investigations to generate fatality investigation reports and a database of case results that guides the development of prevention and intervention activities. The following fire fighter fatality investigation was conducted in Kansas:

Kansas: Two Career Fire Fighters Electrocuted

On November 24, 1998, two male career fire fighters were electrocuted when the aluminum extension ladder they were using contacted an overhead power line. Two painters working at a church had requested that the local fire department provide them an aerial truck to reach the upper section of the church because their ladder was not long enough. After the fire department chief determined that a ladder from the fire department could be used instead, a crew of five fire fighters delivered a 36-foot aluminum extension ladder to the church. The crew was positioning the ladder, when its top contacted a 7,620-volt overhead power line, causing electrical current to pass through it and knock four fire fighters to the ground. Two of the fire fighters died and two were hospitalized. NIOSH investigators concluded that, to prevent similar occurrences, fire departments should identify potential hazards and appropriate safety interventions when planning projects and eliminate the use of conductive ladders when working close to energized power lines. In addition, ladder manufacturers should consider incorporating non-conductive materials in the manufacture of aluminum ladders.

Building State Capacity

State-Based Surveillance

NIOSH funds the Adult Blood Lead Epidemiology and Surveillance Program (ABLES) in the Kansas Department of Health and Environment. Through ABLES, Health and Environment Department staff track and respond to cases of excessive lead exposure in adults which can cause a variety of adverse health outcomes such as kidney or nervous system damage and potential infertility.

Additional information regarding NIOSH services and activities can be accessed through the NIOSH home page at <http://www.cdc.gov/niosh/homepage.html> or by calling the NIOSH 800-number at 1-800-356-NIOSH (1-800-356-4674).

¹U.S. Department of Labor (DOL), Bureau of Labor Statistics (BLS), Local Area Unemployment Statistics, Current Population Survey, 2000.

²DOL, BLS in cooperation with state and federal agencies, Census of Fatal Occupational Injuries, 1999-2000.

³DOL, BLS in cooperation with participating state agencies, Survey of Occupational Injuries and Illnesses, 2000.

⁴National Academy of Social Insurance, *Workers' Compensation: Benefits, Coverage, and Costs, 2000 New Estimates*, May 2002.

